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ABSTRACT

The purposes of this paper are to: (1) identify learning and adaptive behavior problems that Korean-American students encounter in schools by reviewing psychological evaluation data collected from them; (2) evaluate the extent to which these problems are addressed; and (3) recommend service and research needs in relation to these problems. One hundred seventy-nine Korean-American children from Chicago and surrounding suburban schools were psychologically evaluated between 1978 and 1986. The data indicate that learning problems were well identified, and that children were provided appropriate educational services to remediate these problems, but psychological and emotional problems were unidentified by teachers and were not treated by the schools or community health agencies. Training teachers and counselors to identify psychological problems and instituting primary mental health activities in the schools need to be given high priority, and valid, reliable, and sensitive cognitive and personality assessment techniques for future research should be developed. Tables and 18 references are included. (JHP)

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COGNITIVE AND AFFECTIVE ADAPTATION OF KOREAN AMERICAN SCHOOL CHILDREN IN CHICAGO: SERVICE AND RESEARCH PRIORITIES

by

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COGNITIVE AND AFFECTIVE ADAPTATION OF KOREAN AMERICAN SCHOOL CHILDREN IN CHICAGO: SERVICE AND RESEARCH PRIORITIES

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The purposes of this article are: (1) to identify learning and adaptive behavior problems Korean American children encounter in schools by reviewing psychological evaluation data collected from them, (2) to evaluate the extent to which these problems are addressed, and (3) to recommend service and research priorities in dealing with these issues.

Two hundred six (206) Asian American children were referred by the Chicago and surrounding suburban schools for psychological evaluations during the past nine years (1978-1986). Among those, 179 were Koreans, 19 were Japanese, and 8 were Korean-born Chinese. These children were required to be seen by a bilingual-bicultural psychologist in compliance with the Equal Educational Opportunity Act of 1974. The Act states that no educational agency "shall deny equal educational opportunity to an individual on account of his or her . . . national origin" by failing "to take appropriate action to overcome language barriers." Applying this right to Limited English Proficient children, the Illinois State Board of Education stipulates that testing procedures insure that testing and evaluation materials and procedures utilized for the purpose of classification and placement of students should not be racially, linguistically, or culturally discriminatory.

PSYCHOLOGICAL EVALUATION

Sample

The data reported in this study are only those obtained from the 179 Korean American children. These included children who were born in America to Korean parents, came from Korea, and were adopted by American families, or were Amerasian. Their citizenship status also varied: Korean citizen, American citizen, or permanent resident.

The sex and age distribution of the children is summarized in Table 1. Their ages at the time of the evaluation ranged from 1 to 20 years, with the median age 10 years. The number of boys referred was almost twice (66%) as many as girls (34%). The median length of stay in the United States was 3 years, 8 months (ranging from 1 month to 10 years). Among these, almost one-half (48%) were evaluated in the Korean language, 23% in English, and 29% in both English and Korean. The IQ scores obtained by the subjects ranged from 30 to 140, with the median full scale IQ of 91, Verbal Scale IQ of 90, and Performance Scale IQ of 96. Needless to say, these children are not representative of Korean American children in the general population.

Table 1. Description of Sample

Age	Boys N	Boys %	Girls N	Girls %	Total N	Total %
Preschool (1-5 years)	16	8.9	10	5.6	26	14.5
Elementary and upper grade (6-13 years)	65	36.3	32	17.9	97	54.2
High school (14-20 years)	37	20.7	19	10.6	56	31.3
Total	118	65.9	61	34.1	179	100.0

Instruments

Psychological evaluation usually consists of assessment of (1) cognitive /intellectual functioning, (2) visual-motor skills, (3) psychological/behavioral functioning, (4) adaptive behavior skills, and (5) academic achievement level. The tests used for these children and the frequency of use are summarized in Table 2.

Table 2. Tests of Instruments

Cognitive/ Intellectual	%	f	Visual-Motor	%	f	Affective-emotional	%	f	Achievement	%	f	Adaptive behavior	%	f
Wechsler Intelligence Scales	73	(138)	Bender-Gestalt	61	(91)	Rorschach	46	(60)	Wide	98	(134)	Vineland Adaptive Behavior	99	(29)
Stanford-Binet Intelligence Scales	23	(43)	VMI	39	(58)	H-T-P	45	(59)	Others: PIAT Stanford, etc.	2	(3)	AAMD	1	(1)
Others, Leiter, Merrill-Palmer, Bayley, Korean version of Wechsler Scales	4	(8)				D-A-P	4	(5)						
						Kinetic Drawings	3	(4)						
						TAT or CAT	2	(3)						
Total	100	(189)		100	(149)		100	(131)		100	(137)		100	(30)

Frequencies in each column do not add up to 179 (sample size) because the number of tests given varied for different children.

For cognitive/intellectual assessment, the Wechsler Scale (WAIS, WISC, and WPPSI) were used three-fourths of the time, and the Stanford-Binet Scale one-fourth of the time. The Bender Visual-Motor Gestalt Test for children 9 years or older and the Development Test of Visual Motor Integration for younger children were used in assessing visual-motor skills. Projective tests such as the Rorschach Inkblot test, House-Tree-Person technique, and Figure Drawings were used for the assessment of personality development or emotional/psychological problems. The Vineland Adaptive Behavior Scale (including the Vineland Social Maturity Scale) was found to be more appropriate than the American Association of Mental Deficiency Adaptive Behavior Scale for most of the children evaluated because the former was standardized for school children. For screening purposes, the Wide Range Achievement Test (WRAT) was most effective in determining the child's English reading and spelling levels for ESL (English as a Second Language), bilingual, or regular English-speaking classroom settings. The WRAT Arithmetic test was useful not only for grade placement purposes, but also for estimating his/her learning potential when language barriers are lifted.

Reasons for Referral

To examine the referral reasons, the description made by the referring teachers or counselors were categorized into eight categories: poor achievement, mental retardation, psychological problems, behavioral problems, language/speech problems, learning disabilities, neurological problems, and evaluation for gifted children. They are listed in Table 3 (left column) including the frequencies of occurance as percentages. The most frequently mentioned problems were "poor progress in school," comprising 31% of the total referrals. The teachers seemed to have difficulty in determining the reasons for poor school achievement. Mental retardation was suspected 17% of the time. Students were referred in order to confirm retardation and to establish eligibility for special education placement. Psychological/emotional problems (16%) and behavioral problems (14%) were the next most frequent referrals. Teachers suspected learning disabilities (LD) about 6% of the time. Psychological evaluation was necessary for neurologically impaired or brain injured children (5.2%) to place them in the program. There were only 2 referrals to qualify children for the gifted program.

Table 3.

Diagnosis

The outcome of psychological evaluation was categorized according to the American Psychiatric Association Diagnostic and Statistical

Table 3. Referral Reasons, Diagnosis, and Treatment Recommendations

Referral Reasons	%	f	Diagnosis	%	f	Recommendations	%	f
Not achieving at expected levels	30.9	(59)				Tutoring, bilingual ESL, vocational, etc.	26.2	(68)
Mental retardation	17.3	(33)	Mental retardation	24.2	(46)	EMH, TMH	7.3	(19)
Psychological/ emotional problems	15.7	(30)	Anxiety disorder, pervasive developmental disorder,schizoid disorder	24.2	(46)	Individual counseling and parental counseling	29.3	(76)
Behavioral problems	13.6	(26)	Attention deficit disorder, conduct disorder	3.2	(6)	BD class	3.2	(8)
Speech-language problems	10.5	(20)	Speech/language impairment	8.9	(17)	Speech/language	13.1	(34)
Learning disabilities or classroom	5.8	(11)	Specific developmental disorders	20.5	(39)	LD resource	10.4	(27)
Neurological problems (brain injury, motor dysfunction, CP, etc.)	5.2	(10)	Orthopedically or sensorially handicapped	10.0	(19)	OT/PT, physically handicapped	1.5	(4)
Gifted	1.0	(2)	Gifted	1.0	(2)	Gifted program	1.0	(3)
			Family/cultural problems	8.0	(15)	Family counseling	8.0	(20)
Total	100.0	(191)		100.0	(190)		100.0	(260)

Frequencies in each column do not add up to 179 (sample size) because some children had more than one entry for referral reason.

Manual of Mental Disorders (APA 1980) and the state and federal education codes published in the state Special Education Rules and Regulations. These categories are listed in Table 3 (middle column) with their respective frequency of occurances in percentage. The three most frequently used diagnostic categories were mental retardation (24%), anxiety disorders and other psychological/emotional disorders (24%), and specific developmental disorders of LD (20%), totaling almost 70%. The remaining 27% were divided into physical handicaps (10%), speech/language impairment (9%), and family cultural problems (8%). Attention deficits and conduct disorders were diagnosed 3% of the time.

When the outcome of psychological evaluation or diagnosis was compared to the reasons for referral, a significantly higher number of learning disabilities (21% compared to 6%) and cultural/family problems (8% compared to 0%) were identified. Slightly fewer cases (9% compared to 11%) were found to have true speech/language difficulties, and the remaining 2% were found to have poor English proficiency. A slightly higher rate of mental retardation (24% compared to 17%) diagnosis was made than the cases referred for this reason.

Intervention Programs Recommended

On the basis of the evaluation, various educational and therapeutic intervention strategies were recommended. Table 3 (right column) shows that individual and parental counseling were most frequently recommended (29%), followed by some form of educational support (26%), such as tutoring, bilingual, ESL, or vocational resource programs, without special education assignment. Speech/language therapy was recommended 13% of the time, and LD programs, either as resources or self-contained, for 10% of the time. Family counseling (8%), educable mentally handicapped/trainable mentally handicapped (7%), behavior disordered (3%), physically handicapped (2%) and gifted (1%) recommendations made up the remaining 20%.

Intervention Programs Adopted

Informal telephone calls were usually made to the schools and parents to assess to what extent the recommendations made by the psychologist were carried through. These follow-up contacts revealed that "learning" or academic problems were effectively dealt with in the schools--i.e, most of the children recommended for special education programs were placed in appropriate educational programs or were offered some assistance through special resource teachers. In spite of the psychologist's strong recommendations of individual or parental counseling, however, the emotional/psychiatric/behavioral problems were not dealt with either in the schools or by community agencies. There appeared to be no qualified bilingual counselors or therapists available nor financial resources to attain professional services. Parents' reluctance to seek help from mental health professionals or agencies because of stigma and shame associated with mental problems may also have contributed to this inaction.

SERVICE AND RESEARCH PRIORITIES

Service Priorities

In view of the scarcity of qualified bilingual/bicultural mental health professionals in the school system or in the communities to deal

with these unmet service needs, training the mainstream teachers and counselors may be the best alternative to deal with this problem at this time. Detecting early signs of psychological/emotional problems requires, in addition to professional knowledge, special understanding of the child's cultural background and how these factors are reflected in psychological symptoms. Ethnic professionals' time and effort maybe better utilized in this way rather than by their serving a limited number of children by themselves.

Secondly, preventive mental health services should be instituted. The Task Panel on Prevention of the President's Commission on Mental Health (1978) as well as the ADAMHA preventive policy paper (1979) made strong recommendations in supporting primary prevention activities in mental health. Preventive mental health will be especially important to minority populations because of social and cultural differences which are directly related to their psychological well-being (Abad, Ramos and Bryce 1974). Serious emotional problems can be prevented if effective early identification and intervention programs are instituted in schools at an early stage before they reach a crisis level.

Research Priorities

Research topics that should be given high priority are (1) development of cognitive and personality assessment techniques appropriate to Korean American children, (2) conflicts in role perceptions/expectations among the significant others in the child's social field, and (3) delineation of competency and vulnerability factors affecting Korean American children's adaptation process.

Cognitive and Personality Assessment Techniques

Most existing psychological assessment instruments are inadequate for evaluating Korean American children because of the nonequivalences in concepts, behaviors, and psychometric properties that exist between the Korean and American cultures. For example, Koh et al. (1986) administered the Minnesota Multiphasic Personality Inventory (MMPI) to recently immigrated Koreans and found a highly elevated depression, psychasthenia, and schizophrenic profile which suggested psychological disturbances. It was learned, however, that such an elevated MMPI profile is quite common among the Japanese in Japan and the Chinese in China (Clark 1985; Song 1985). In contrast, a comprehensive psychiatric interview schedule (DIS-III) administered to Koreans in Seoul, Korea (Lee et al. 1985), Chinese in Taiwan (Ye 1984), and Chinese in Shanghai (Liu et al 1986) all indicated markedly lower prevalence rates of psychiatric disturbances than in Americans (Robins et al. 1984). That is, two well-established instruments in the U.S. offered diametrically opposing data on Asian mental health status.

This implies that a "wrong" diagnosis of mental disturbances, depending on the context, can be made even with well-translated instruments. It may be that Asians are reluctant to disclose their problems or tend to respond in a socially desirable way in face-to-face situations. Factors affecting these response biases should be empirically studied from conceptual, behavioral, contextual, and schematic assumptions underlying the American and Asian cultures.

There have been many attempts to develop culture-fair tests that will measure "intelligence" or the differences in cognitive level of the individual from a dissimilar culture by minimizing culture-specific factors. These efforts have not yet been fully successful. At present, we have to rely heavily on the cross-cultural knowledge that the test administrators possess in the interpretation of test results.

One promising approach toward remedying these problems has been "learning potential" assessment. Aside from the cultural bias controversy of the existing tools, conventional IQ tests measure only what the child already knows, rather than what he/she is capable of learning. Several investigators demonstrated that an entirely different impression of cognitive and emotional potential can be obtained if a child is asked to learn something rather than merely required to display what he/she already learned (Budoff 1972; Feuerstein 1979; Brown and Ferrara 1985). Adopting a similar approach, Koh (1976) devised a diagnostic-intervention technique that can be used in measuring learning potential of handicapped children. Applicability of this model to Korean American children is being explored.

Conflicts in Role Perception/Expectation

Delineating the intergenerational and cross-cultural agreements and disagreements in role perceptions and expectations seems to be crucial in understanding Korean American children's adaptation process. It is hypothesized that the children's emotional, social, family, and school difficulties are attributable in large part to the disparities among the significant others in child's social field in the perceptions and expectations of individual roles.

According to Neugarten (1979), there is an implicit or explicit prescriptive timetable in each society for defining appropriate roles. How these roles are perceived by various individuals in the child's social field directly affects behavior. Parents, teachers, and peers all have certain role expectations of children. From this perspective, the ontogenetic development from childhood to adulthood in the acquisition of self-autonomy may be discontinuous and more "storm-and-stress" in nature in Korean American children, because of greater childhood dependency allowed by their parents. In cross-cultural adaptation, the traditional hierarchical/authoritative role structure of the Korean family may be in direct conflict with the role expectations of the American society where individualism and equality are emphasized.

Competency/Vulnerability Factors Affecting Adaptation Process

When individuals move from one culture to another, they invariably experience environmental and psychological stresses. Stresses faced by Korean American children would be even greater due to their lack of English proficiency and cultural differences between Korea and here. Many studies have shown that people who have experienced high stress events run an unusually high risk of illness. On the other hand, despite the increased risk, large numbers of people do not fall sick under stress. What distinguishes people who stay healthy? This is one of the most absorbing questions professionals in mental health and behavioral medicine have been trying to answer.

A systematic empirical effort should be expended in delineating "competency" and "vulnerability" factors in Korean American children in dealing with life stresses. Personality factors such as locus of control, social involvement and environmental factors such as family and community support network system, appear to be variables worth investigation. Identifying these variables would not only contribute to our effort to promote the child's mental health and to prevent mental ill health, but it would also shed light on stress research in general and on the roles of locus of control, kinship/social support in dealing with life stresses.

CONCLUSION

On the basis of the psychological evaluation data collected from Korean American children in the Chicago area, priorities in service and research areas were identified. In general, the data showed that learning problems were well pinpointed and the children were provided appropriate educational services to remediate these learning difficulties. On the other hand, psychological/emotional problems were not only unidentified by the teachers, but were not being treated by the schools or community mental health agencies even when strong recommendations were made by the psychologist.

Training mainstream teachers and counselors and instituting primary mental health activities in the schools were thought to be the highest priorities in the service area. In the area of research, development of reliable, valid, and sensitive cognitive and personality assessment techniques, investigating conflicts among individuals who have direct contacts with the child in role perception/expectation, and delineating competency and vulnerability factors were suggested as crucial topics of study in understanding the adaptation process of Korean American children.

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